



ALABAMA MEDICAID AGENCY

PREFERRED DRUG LIST BY THERAPEUTIC CATEGORY

As a result of legislation passed by the Alabama State Legislature in June 2003, the Alabama Medicaid Agency implemented a mandatory Preferred Drug List, effective October 1, 2003. Brand preferred drugs, generics (some exceptions apply) and over-the-counter (OTC) drugs covered by Medicaid are available without prior approval. If a non-preferred drug is ordered, the practitioner will need to obtain prior authorization (PA). Drugs that are "preferred with clinical criteria" will also require a prior authorization request be submitted. If approval is given to dispense the requested drug, an authorization number will be provided. Antipsychotic and HIV/AIDS drugs are exempt from this requirement.

Below is a list of brand preferred products on the PDL. The drug name denotes all dosage forms and strengths unless noted. An asterisk (*) denotes a generic is available in at least one dosage form or strength. All covered OTC drugs and generic products (unless otherwise specified) are considered preferred. For a more complete list including non-preferred brands and more information concerning the PDL, please visit our website at www.medicaid.alabama.gov.

Antihistamines

First Generation
All covered generics

Anti-infective Agents

Adamantanes
All covered generics

Amebicides
All covered generics

Aminoglycosides
Bethkis
Kitabis*
All covered generics (generic tobramycin inhalation solution requires a PA)

Anthelmintics
All covered generics

Antifungals
All covered generics

Antimalarials
All covered generics

Antituberculosis Agents
All covered generics

Cephalosporins
All covered generics

Chloramphenicol
All covered generics

HCV Antivirals
Epclusa^{CC}
Harvon^{CC}
Mavyret^{CC}
Zepatier^{CC}
All covered generics

Interferons
All covered generics

Macrolides
All covered generics

Miscellaneous Antibacterials
All covered generics

Miscellaneous Antimycobacterials
All covered generics

Miscellaneous Antiprotozoals
All covered generics

Miscellaneous Antivirals
All covered generics

Miscellaneous β -Lactams
All covered generics

Neuraminidase Inhibitors
Relenza[†]
Tamiflu[†]
All covered generics

Nucleosides and Nucleotides
All covered generics

Penicillins
All covered generics

Quinolones
All covered generics

Sulfonamides
All covered generics

Tetracyclines
All covered generics

Urinary Anti-infectives
All covered generics

Behavioral Health

Alzheimer's Agents

Aricept*
All covered generics

Antidepressants
All covered generics

Anxiolytics/Sedatives/Hypnotics: Barbiturates
All covered generics

Anxiolytics/Sedatives/Hypnotics:
Benzodiazepines

Diastat*
Diastat Acudial*
All covered generics (generic diazepam rectal kit requires a PA)

Anxiolytics/Sedatives/Hypnotics:
Miscellaneous

All covered generics

Cerebral Stimulants/Agents for ADHD-Short and Intermediate Acting

Focalin*
Ritalin*
All covered generics (generic dextmethylphenidate IR requires a PA)

Behavioral Health (continued)

Cerebral Stimulants/Agents for ADHD-Long Acting
Adderall XR*
Concerta*
Kapvay*
Vyvanse
All covered generics (generic amphetamine-dextroamphetamine ER, dextmethylphenidate ER, clonidine ER, and methylphenidate ER require a PA)

Wakefulness Promoting Agents

Provigil*
All covered generics (generic modafinil requires a PA)

Cardiovascular Health

ACE Inhibitors

All covered generics

Alpha-Adrenergic Blocking Agents

All covered generics

Angiotensin II Receptor Antagonists

All covered generics

Antiarrhythmics

All covered generics

Oral Anticoagulants

Coumadin*
Pradaxa
Eliquis
Xarelto
All covered generics

Beta-Adrenergic Blocking Agents

All covered generics

Calcium-Channel Blocking Agents

All covered generics

Cardiotonic Agents

All covered generics

Central Alpha-Agonists
Catapres-TTS*
All covered generics (generic clonidine patches requires a PA)

Direct Vasodilators

All covered generics

Diuretics

All covered generics

Mineralocorticoid (Aldosterone) Receptor Antagonists

All covered generics

Miscellaneous Cardiac Drugs

All covered generics

Miscellaneous Hypotensive Agents

All covered generics

Vasopressin Antagonists

All covered generics

Nitrates/Nitrites

Nitro-Bid
Nitrostat
All covered generics

PCSK9 Inhibitors

All covered generics

Platelet-Aggregation Inhibitors

Brilinta
All covered generics

Renin Inhibitors

All covered generics

Bile Acid Sequestrants

All covered generics

Cholesterol Absorption Inhibitors

All covered generics

Fibric Acid Derivatives

All covered generics

HMG-CoA Reductase Inhibitors

All covered generics

Miscellaneous Antilipemic Agents

Niacor
All covered generics

Miscellaneous RAAS Inhibitors

Entresto
All covered generics

Biguanides

All covered generics (generic metformin ER requires a PA)

Diabetic Agents

Alpha-Glucosidase Inhibitors

All covered generics

Amylinomimetics

All covered generics

Diabetic Agents (continued)

Dipeptidyl Peptidase-4 (DPP-4) Inhibitors
Janumet
Januvia
All covered generics (generic alogliptin, alogliptin-metformin, and alogliptin-pioglitazone require a PA)

Incretin Mimetics

All covered generics

Insulins

Lantus
Novolog
Levemir
Novolog Mix 70-30
All covered generics and OTCs

Meglitinides

Prandin*
All covered generics

Sodium-glucose Cotransport 2 Inhibitors

All covered generics

Sulfonylureas

All covered generics

Thiazolidinediones

Actos*
All covered generics

Disease-Modifying Antirheumatic Agents

Cimzia^{CC}
Humira^{CC}
Enbrel^{CC}
All covered generics

EENT Preparations

Antiallergic Agents

Bepreve
Pazeo
Patanase*
All covered generics (generic olopatadine nasal spray requires a PA)

Antibacterials

Besivance
Cipro HC
Moxeza
Zylet
Blephamide
Ciprodex
Vigamox
All covered generics (generic moxifloxacin ophthalmic solution requires a PA)

Intranasal Corticosteroids

Nasonex*
Zetonna
Omnaris
All covered generics (generic mometasone nasal spray requires a PA)

Vasoconstrictors

All covered generics

Gastrointestinal Agents

5-HT₃ Receptor Antagonists

All covered generics

Antihistamine Antiemetics

All covered generics

Miscellaneous Antiemetics

All covered generics

Proton-Pump Inhibitors

All covered generics (generic omeprazole-sodium bicarbonate requires a PA)

Genitourinary Agents

Genitourinary Smooth Muscle Relaxants

Enablex*
Toviaz
Oxytrol
All covered generics (generic darifenacin ER requires a PA)

Hereditary Angioedema Agents

All covered generics

Immunomodulatory Agents used to treat Multiple Sclerosis

Aubagio
Copaxone*
Rebif
Betaseron
Gilenya
Tysabri
All covered generics (generic glatiramer requires a PA)

Pain Management/Autonomic Agents

Centrally Acting Skeletal Muscle Relaxants

All covered generics (generic carisoprodol products require a PA)

Pain Management/Autonomic Agents (continued)

Direct-Acting Skeletal Muscle Relaxants

All covered generics

GABA-Derivative Skeletal Muscle Relaxants

All covered generics

Miscellaneous Skeletal Muscle Relaxants

All covered generics

Opiate Agonists

All covered generics (generic methadone requires a PA)

Opiate Partial Agonists

Suboxone^{CC}
All covered generics (generic buprenorphine products require a PA)

Selective Serotonin Agonists

All covered generics

Hormones and Synthetic Substitutes

Androgens

All covered generics

Respiratory

Inhaled Antimuscarinics

Atrovent HFA
Spiriva
Seebri
Tudorza
All covered generics

Inhaled Mast-Cell Stabilizers

All covered generics

Leukotriene Modifiers

Zyflo CR*
All covered generics (generic zileuton ER requires a PA)

Orally Inhaled Corticosteroids

Alvesco
Asmanex HFA
Asmanex Twisthaler Flovent Diskus
Flovent HFA
Pulmicort Flexhaler
Pulmicort Respules*
Symbicort
All covered generics (generic budesonide inh soln requires a PA)

Respiratory Beta-Adrenergic Agonists

ProAir HFA
Serevent Diskus
Xopenex HFA*
All covered generics (generic levalbuterol HFA requires a PA)

Respiratory Smooth Muscle Relaxants

All covered generics

Skin and Mucous Membrane Agents

Antibacterials

All covered generics

Antifungals

All covered generics

Anti-inflammatory Agents

Capex Shampoo
All covered generics

Antipruritics and Local Anesthetics

All covered generics

Antivirals

Zovirax (cream)
All covered generics

Astringents

All covered generics

Keratolytic Agents

All covered generics

Keratoplastic Agents

All covered generics

Miscellaneous Local Anti-infectives

All covered generics

Misc Skin and Mucous Membrane Agents

Elidel
All covered generics

Scabicides and Pediculicides

Sklice
Ulesfia
All covered generics (generic lindane requires a PA)

Women's Health

Estrogens

Menest
Premarin (tabs only)
All covered generics

Prenatal Vitamins

Citranatal 90 DHA*
Citranatal B-Calm
Citranatal DHA
Citranatal RX
Citranatal Assure*
Citranatal Bloom
Citranatal Harmony
All covered generics

[†]The preferred status of this product is contingent upon statewide influenza epidemiology status as reported by the CDC.

^{CC}Denotes agent is preferred with clinical criteria in place.